

**NETWORKING PROVES VITAL STRATEGY
TO IMPROVING WOMEN'S HEALTH CARE**

*Relationships between Parliamentarians
and HIV-Positive Women Fosters Change*



focus



personal
approach



**Parliamentarians
for Women's Health**



Networking was a key component of the **Parliamentarians for Women's Health project and instrumental to many of its successes across countries.** In linking HIV-affected women, civil society organizations (CSOs) and parliamentarians, networks helped build trust and opened channels of communication between individuals and groups, key precursors for helping people work together to improve women's health.

In most cases, project officers—who were HIV-positive women themselves—helped create links between other positive women, community organizations and the parliamentarians. Networking opportunities also occurred as part of other project activities like community assessments and workshops. While the networking connected MPs to positive women—sometimes for the first time—these exchanges also provided women with the space to voice their health care needs, both by meeting with parliamentarians face-to-face and by meeting with women, including other HIV-positive women and CSOs who shared common concerns and vision.

As a result, women who previously felt powerless and alone with the burden of HIV gained confidence, with many women bringing their issues out in the open and working toward change. Members of parliament (MPs) also emerged with a better understanding and appreciation of the issues and barriers that positive women face related to HIV treatment and care. Several MPs now are taking action to ease these burdens and improve HIV/AIDS services for women.

OVERVIEW OF PROJECT'S NETWORKING ACTIVITIES

The project officers in the four countries—Botswana, Kenya, Namibia and Tanzania—led the networking activities. They visited communities, positive women's groups and CSOs to create networks among them. In doing so, they also sought to raise awareness about women's health issues and the need for CSOs to involve positive women in their work, and to identify priority areas and discuss ways to bring these priorities to the attention of policy-makers.

NETWORKING: A MEDIUM TO RELAY WOMEN'S HEALTH CARE CONCERNS TO MPS

Depending on the country and context, networks were established between MPs and positive women; among positive women; and between positive women and CSOs.

Networking Between MPs and Positive Women

Efforts to directly link MPs to the constituents in the project countries essentially were unprecedented. To help put both parties at ease in this groundbreaking work, the project in Namibia used warm up games and small group exercises at its first workshop, AIDS & ME!, to get MPs and positive women talking together. The intimate setting of the small group work helped to break the hierarchy between the MPs and positive women and get people talking as equals.

"When positive women first arrived at the workshop, they were shy to talk to the MPs—they felt they should be silent and let the MPs do the talking. But the trainer ... created a spirit of openness in which the women felt comfortable talking to the MPs."

:: PENINA,* NAMIBIA

Getting MPs and positive women working and learning together in Namibia was a breakthrough. The MPs listened to the positive women, and they discovered that the women had important stories to tell. A strong relationship of mutual respect emerged out of the workshop. These relationships became a crucial hub of the project in Namibia.

The project officer in Namibia facilitated networking between MPs and positive women by organizing face-to-face meetings where each party got to know each other, laying the foundation for a longer-term relationship. These meetings left a strong impression on both parties, particularly the women, who had never before imagined such access was

possible. In Namibia, HIV-positive women and CSO representatives who had met the Deputy Minister of Health, for example, felt empowered by the experience of meeting the minister and having her take their issues seriously. "We just went to say what we are doing, and she has given us her support 100 percent," says Nolutthando, who herself has HIV. Another HIV-positive woman, Raineilde, says "Meeting the Deputy Minister was very good for me because this time I got to see the minister face to face. And she is listening to us and supporting us and encouraging us."

The women, in meeting the MPs and sharing their experiences with them, learned how MPs work and that they are human and can be accessible. They were encouraged by MPs' expressed commitment to their issues, and as a result, more confident that it is possible to access and influence MPs by communicating directly with them. "Before this project, it was very hard to connect with these people, to talk about these issues," says Martha of Namibia. "This has made it easier—we do not have to go through many channels to say what we want." Alwine, who works at a CSO based in Namibia, says: "Before they were just people on TV and in the newspapers. I have made friends that I can talk to directly—even in town we can meet and talk to each other."

NETWORKING OPPORTUNITIES VARIED AMONG COUNTRIES

The networking opportunities of the Parliamentarians for Women's Health project primarily were built into its assessment and workshop activities. Several project officers—staff from the International Community of Women Living with HIV/AIDS—also worked with women's communities to create networking opportunities with parliamentarians directly and through civil society organizations. The project's experiences in the four countries varied. Countries where the project staff conducted both workshops and community assessments, such as Namibia, had some advantage in their efforts to build networks.

In Namibia, positive women and MPs developed the Khoamas Women's Health Committee, which provides a more formal structure to ensure that HIV-positive women and MPs engage with each other. The committee's 13 members, most of whom are HIV-positive young women, serve as

* The full names of HIV-positive women are not included to protect their privacy.

HOW DATA WAS COLLECTED FOR THE CASE STUDY

This case study explores the impact of forging links and creating dialogue among parliamentarians, women with HIV and civil society organizations. Data were gathered through a series of interviews and focus group discussions with these key stakeholders in the different project countries. Other stakeholders also were interviewed, including faith-based organizations, local and international civil society organizations, U.N. agencies, AIDS service organizations and related umbrella networks.

liaisons between MPs and their constituents. Each committee member meets regularly with two women from every region to discuss their priority issues and relay these back to the policy-makers. The committee members plan to meet with MPs monthly to maintain regular feedback from the women to the national government forum.

The women also often left a strong impression on the MPs. Hon. Esther Keino, a nominated MP in Kenya, says of Kenya's project officer, who has HIV: "She made a big difference for me personally, and for my community. People now realize that you don't have to die [because of HIV]; they realize that you can live and have a job and children and everything."

Namibian parliamentarian Hon. Hansina Christian says she has a greater sense of responsibility to address women's health needs because of her one-on-one meetings with positive women: "As a member of parliament, I have had contact with people on the ground and the HIV-infected people, and I have learned that I have a very big responsibility for communities that are vulnerable."

Another Namibian parliamentarian explained about his "heart learning" from his interactions with the project coordinator, who also is HIV-positive:

"I was deeply affected by my interactions with Jenny. When she first came to see us, she let me know during the conversation in a very casual way that she had HIV. I was shocked! Talking about her status in this open way. I didn't know you can talk so freely—I felt it was something you only talked about privately. I was really ignorant—and I've learned so much from Jenny. Interacting with positive women has really opened my eyes. It's a heart thing, not a head thing."

Networking Among Positive Women

In addition to the benefits to the MPs, many HIV-positive women reported encouraging results from the increased networking among themselves. With respect to the project goal of improving women's health by reaching out to parliamentarians, the networking among women has galvanized advocacy-related discussions because they are learning from each other more about their rights and how to bring about change. In the case of Namibia, the HIV-positive women involved in the project not only have been talking about these issues to women in their community, but also have come together as a group to discuss ways of dealing with new concerns and how to decide which advocacy priorities to bring to the MPs.

Equally important, women have gained inner strength and confidence from these experiences, which have enabled them to do more public work on HIV. Sharing the common bond

NETWORKING BENEFITS GO BOTH WAYS

The mutual benefits derived from networking are illustrated by the relationship between the Legal and Human Rights Centre (LHRC) in Tanzania and that organization's interactions with positive women in the community. LHRC provided legal support for individual women, trainings for paralegals in the communities, and awareness-raising among women living with HIV of their rights. LHRC simultaneously learned from the positive women:

"We get to know specific issues that touch people living with HIV and AIDS [and] in what ways HIV is affecting the society—what kind of human rights violations are affecting people living with HIV, how big is the burden on society, how big is the stigma process..."

:: GLORIA, LEGAL AND HUMAN RIGHTS CENTRE, TANZANIA

With this improved knowledge of HIV and AIDS and its various impacts on society, LHRC has been able to strengthen its own messaging. This networking also has helped LHRC recognize the benefits of focusing on long-term rights-based advocacy for structural change, in addition to the more short-term, needs-oriented messages and activities to which they were accustomed.

of enduring stigma and discrimination, they have helped each other deal with some of the personal difficulties they face in their daily lives. This in turn gives the women the strength to do their work and be more public. Speaking about their own issues in a safe environment has enabled the women to speak out more generally. Thembi, who participated in Namibia's Khomas Women's Health Committee, says, "...working with other positive women has made me realize that I am not alone and there are other people like me. It has given me the courage to move on with life. I am no longer shy and locked up in my own world and trying to suppress myself and my ideas."

Networking Between Positive Women and CSOs

Networking with other organizations that do not necessarily focus only on women and/or HIV but address complementary issues (for example, CSOs with a health or human rights interest) can be a channel for positive women's voices to reach national and international decision makers. Local HIV-positive women's groups may use other more established organizations with access to policy- or decision makers at local or national levels.

In Tanzania, networking between positive women and a legal rights CSO, the Legal and Human Rights Center (LHRC), has led to an opportunity for positive women to learn how to claim their rights and participate in advocacy efforts led by the LHRC. One positive women's group participated in training around the Tanzania HIV and AIDS bill. Says a LHRC staff member, "We went through the bill, and we asked 'What do you think the bill is missing?' [The positive women] were able to identify areas where the bill was lacking," such as stigma, access to anti-retroviral therapy and care burdens that fall primarily to women and children.

Networking between women and CSOs also can lead to greater appreciation and understanding among CSOs of the issues affecting positive women.

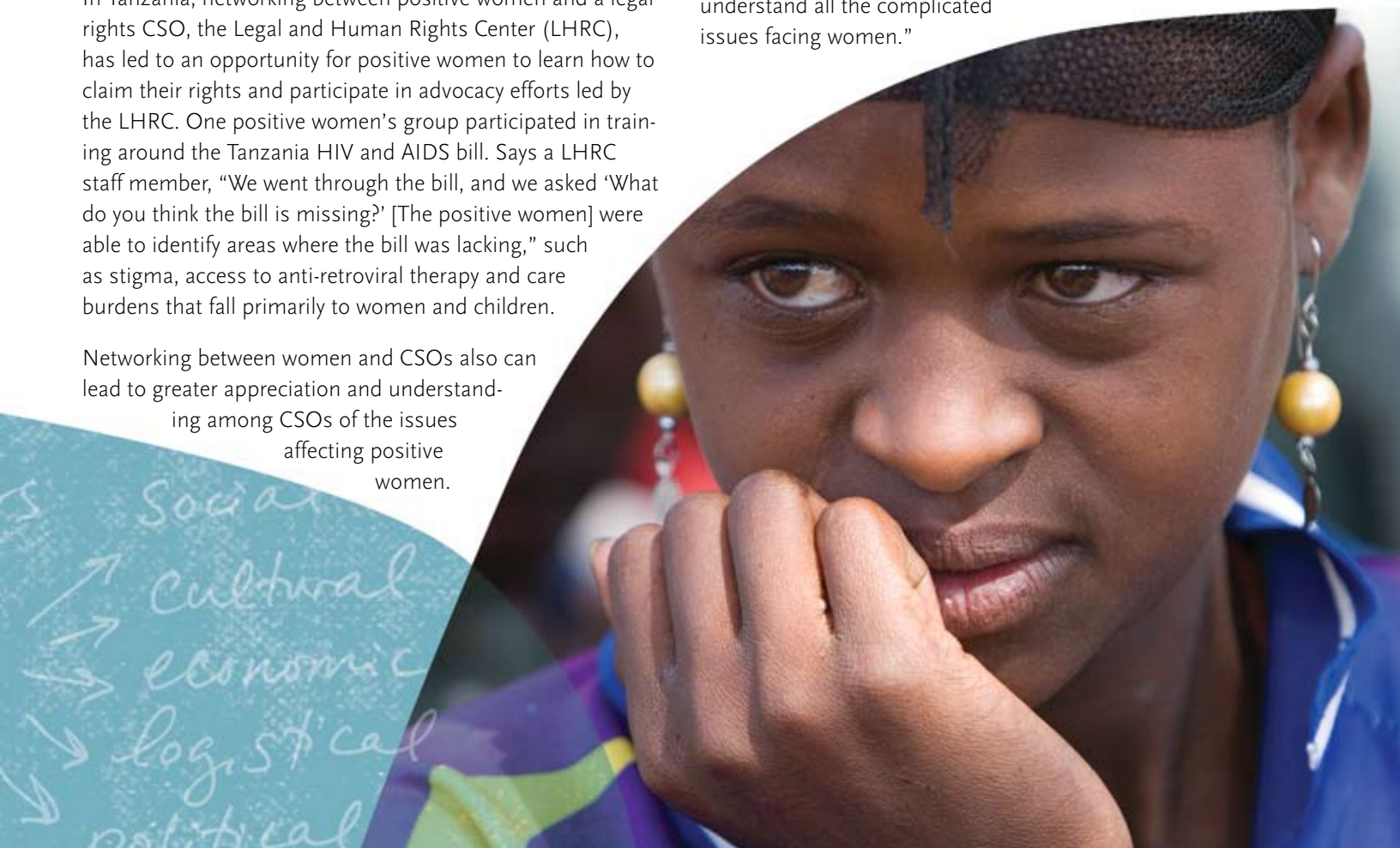
"The project gave us a platform to meet the people, and we witnessed their hurts and their issues."

:: HON. HANSINA CHRISTIAN, NAMIBIA

"Meeting with positive women has enabled us to learn about their daily experiences. ...when you speak to HIV-positive women, you learn a lot," says Onneetse with a legal CSO in Botswana. CSOs then are better situated to serve as a liaison to convey women's needs to MPs, broadening the reach of individual women (see box at left).

MPS GAIN GREATER UNDERSTANDING OF WOMEN'S BARRIERS TO HIV/AIDS TREATMENT AND CARE

Networking with HIV-positive women has allowed MPs to hear personal testimonies and stories, making the issues faced by women living with HIV more real and powerful. It also has helped MPs learn about barriers for HIV-positive women. Hon. Hansina Christian of Namibia says, "We found out that the females are more vulnerable to HIV and impacts. They [CSOs and HIV-positive women] helped me understand all the complicated issues facing women."



Hon. Philip Okundi of Kenya spoke of how meeting with women opened his eyes to their widespread mistrust of doctors and health service professionals, creating a roadblock for their health care: "One of the most interesting findings for me was that many women who are sick are embarrassed and/or mistrustful of doctors and won't tell them what is wrong." Hon. Esther Keino, nominated MP in Kenya, observed more generally that "I have definitely improved my understanding of the barriers to access to women's health care, especially by being on the ground. It was illuminating to me that women didn't even know what services were available to them and that the MPs didn't know what the barriers to service were."

As a result of having opportunities to meet and network with positive women's groups, some MPs involved in the project said that they feel better able to push for budget allocations that address women's health needs. "The [new] Health Act needs amendment and I will push for this change," says Hon. Esther Keino, Kenya. "Also youth reproductive health issues need greater consideration,

because HIV and unwanted pregnancies are huge youth issues. ...Now that I have a better knowledge base about women's health issues, I feel better placed to scrutinize the budget." Hon. Philip Okundi, Kenya, says, "As a result of interacting with the Parliamentarians for Women's Health project and other international organizations, I have a lot more

"One of the most interesting findings for me was that many women who are sick are embarrassed and/or mistrustful of doctors and won't tell them what is wrong."

:: HON. PHILIP OKUNDI, KENYA

ammunition now to push for more budgetary allocations and resources ...I will continue as well to press for more health workers and medicine for these facilities, and I am already in conversation with the Minister of Health regarding getting an ambulance to be able to circulate between these facilities."



NETWORKING STRENGTHENS STAKEHOLDERS' ADVOCACY SKILLS

Constituents gained a new understanding of how to more effectively convey messages to MPs as a result of their interactions with MPs, catalyzing a flurry of advocacy work in some of the project countries. “The work gave us an insight on how to work with [MPs], how to access them and who to talk to,” says Oratile of a Botswana CSO. A director of a woman's shelter in Botswana, noted the benefit of meeting MPs outside of that day-to-day work environment:

“Workshops provide an important opportunity to lobby [MPs] as a group and not in parliament but outside the parliament. When you are outside the parliament, you do not have them all to face and they are easier to manage and convince. In parliament they become something else. When they get to parliament they know we already need this law and we are going to support it.”

Another woman described how she learned effective advocacy tips in her meetings with MPs:

“You have to be very strategic. They are very busy; they don't want you to beat around the bush and candy-coat the situation. You have to speak their language—you can't talk about emotional aspects. You have to [talk] about the economy and how the government will benefit.”

:: NOLUTTHANDO, NAMIBIA

Based on these experiences, several people created new networks to focus on advocacy and lobbying. In Botswana, the project helped set up a Legal Policy group. The group—comprised of CSOs (working, for example, on issues such as law, AIDS and women's empowerment), the Ministry of Health and HIV-positive women—focuses on influencing policies on women's health, such as the Domestic Violence bill. Also in Botswana, the project helped create a network of HIV-positive women—the only one in the country. The group, however, is finding it difficult to work on these issues nationally because it lacks funding.

In Namibia, the links that have been made between women and CSOs have helped interested parties identify and take advantage of advocacy opportunities. When the Namibian HIV policy was in draft form, such CSOs as Family Hope International, the Namibia Network of AIDS Service Organization (NANASO), project staff and members of the Khomas Women's Health Committee met to go through the

policy and organize feedback for the parliament. Namibia's Khomas Women's Health Committee also is poised to play a significant role in improving women's health status countrywide by sustaining connections between MPs and their constituents.

NETWORKING BUILDS RELATIONSHIPS, IMPROVES WOMEN'S HEALTH CARE PROSPECTS

Project efforts to forge networks and create dialogue between MPs, women living with HIV and CSOs show that networking is a vital component to creating the political will necessary to improve women's health.

Networking can be a way to create greater awareness among parliamentarians of women's health needs by linking MPs to women who can directly share their stories about what works and what doesn't. In the Parliamentarians for Women's Health project, networking had the intangible, yet invaluable benefit of humanizing both parties to each other. Both MPs and positive women walked away from their exchanges with a view that each was an ordinary person who was interested in and prepared to address the issues of HIV and AIDS so crucial to their countries' futures.



PARLIAMENTARIANS FOR WOMEN'S HEALTH

The Parliamentarians for Women's Health project seeks to assist select parliamentarians in East and southern Africa to more effectively improve women's and girls' access to health services, particularly HIV and AIDS treatment, prevention, care, and counseling. The project provides technical assistance to build capacity, increases links between parliamentarians and civil society (especially organizations of women with HIV), and convenes national and regional workshops for the purpose of increasing parliamentarians' awareness of women's health care needs and economic and political barriers in their countries. The expectation is that these and other project activities will support parliamentarians' leadership in improving women's access to health care services and resources.

Funded by the Bill & Melinda Gates Foundation, this three-year project is being implemented by the International Center for Research on Women (ICRW), the International Community of Women Living with HIV (ICW), Realizing Rights: The Ethical Globalization Initiative (EGI) and the Centre for the Study of AIDS (CSA) of the University of Pretoria. ICRW leads the consortium.

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